



ANDREW LIPSON  
CHIEF OF POLICE

## BROOKLINE POLICE DEPARTMENT

*Brookline Massachusetts*

Jessie Gomez,

Pursuant to your November 27, 2018 public records request: *"Any and all incident reports at 160 Washington Street, Brookline, MA 02445 from July 1st, 2018 to the date of this request..."* attached are copies of the records that list the requested address during the requested timeframe. These records are redacted to withhold information in the report that identifies or tends to identify any non-police officer, civilian individuals and witnesses who were involved in the referenced incident pursuant to exemptions (c) and (f) of the public records law. This information is withheld from disclosure because disclosure is likely to compromise both the privacy of these individuals and effective law enforcement. Bougas v. Chief of Police of Lexington, 371 Mass. 59, 62 (1976); see also United States Department of Justice v. Landano, 113 S. Ct. 2014, 2020 (1993) (discussion of confidential sources of information under the federal Freedom of Information Act.); Globe Newspaper Co. v. Boston Retirement Bd., 388 Mass. 427, 438 (1983) (explanation of "identifying details" and "grave risk of indirect identification").

There are no charges for this request, all materials are being provided electronically and time spent to review and redact the materials was less than 2 hours. At this time this request is considered closed.

You have the right to appeal this determination to the supervisor of records pursuant to G.L. c.66, §10A(a) and the right to seek judicial review of an unfavorable decision by commencing a civil action in superior court under G.L. c.66, §10A(c).

Deputy Superintendent Myles Murphy  
Brookline Police Department  
Records/Traffic Division Commander



Public Safety Building 350 Washington Street, Brookline, Massachusetts 02445  
Telephone (617) 730-2249 ♦ Facsimile (617) 730-8454

## Commonwealth of Massachusetts

Date of Crash 09/12/2018	Time of Crash 1348 24HR BRL	City/Town	<b>Motor Vehicle Crash Police Report</b>		Number Vehicles 001	Number Injured 001	Speed Limit 025 Latitude Longitude	State Police Local Police MBTA Police Other:	IN FY IN
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## AT INTERSECTION:

## LOCATION

## NOT AT INTERSECTION:

Route# Direction Name of Roadway/Street At	9 W 000160 WASHINGTON ST (LOT ON BOYL Route# Direction Address # Name of Roadway/Street
Route# Direction Name of Intersecting Roadway/Street Also at Intersection with	Feet N S E W of Mile Marker Exit Number
Route# Direction Name of Intersecting Roadway/Street	Feet N S E W of Route# Intersecting Roadway/Street
	Landmark

Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle 1 01# Occupants <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped	Case No. 2018-0003970(A)
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License # Sex M Lic. Class D 18 Lic. Restrictions 02 CDL NO Operator TRAFICANTE MARIO C Address City State Zip Insurance Company PLYMOUTH ROCK ASSURANCE Vehicle Travel Direction: N S E W Responding to Emergency? 2 Citation # (If Issued) T1120781 Viol. 1: Ch/Sec/Sub A VII S 6 Viol. 2: Ch/Sec/Sub Viol. 3: Ch/Sec/Sub Viol. 4: Ch/Sec/Sub	Reg # 4BV542 Reg Type Reg State MA Veh Year 2011 Veh Make NISS Veh Config. 01 Owner TRAFICANTE MARIO C Address City State Zip Vehicle Action Prior to Crash 21 03 Event Sequence 22 22 22 22 2 Most Harmful Event 23 97 Driver Contributing Code 24 06 19 Underride/Override 25 Towed N Damaged Area Code: (Circle Up to Three) 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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Please fill out for operator and all occupants involved		Age/DOB	Sex	26 Seat Pos.	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp. Code	Medical Facility
Operator	See Above	-----	---	---	99	04	99	0	0	05	01	

Please Select One of the Following: <input type="checkbox"/> Vehicle 2 00# Occupants <input checked="" type="checkbox"/> Non-Motorist A Type	14 Action 97	15 Location 03	16 Condition 04	17 01	<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped
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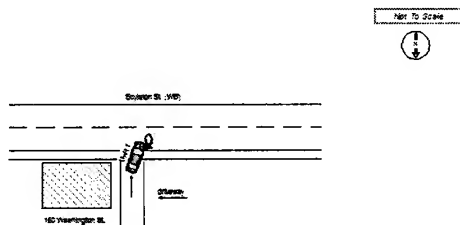
License # Sex M Lic. Class 18 18 Lic. Restrictions 10 CDL Operator STEPHENSON TIMOTHY Address 350 WASHINGTON ST City BROOKLINE State MA Zip 02446 Insurance Company Vehicle Travel Direction: N S E W Responding to Emergency? Citation # (If Issued) Violation 1: Ch Sec Violation 2: Ch Sec Violation 3: Ch Sec Violation 4: Ch Sec	Reg # Reg Type Reg State Veh Year Veh Make Veh Config. 20 Owner Address City State Zip Vehicle Action Prior to Crash 21 Event Sequence 22 22 22 22 2 Most Harmful Event 23 Driver Contributing Code 24 Underride/Override 25 Towed Damaged Area Code: (Circle Up to Three) 0 None 10 Undercarriage 11 Totaled 97 Other 99 Unknown
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Operator/Non-Motorist	See Above	-----	---	---								
STEPHENSON, TIMOTHY	350 WASHINGTON ST									02	02	BETH ISRA

→ Direction 1 Vehicle 1 2 Vehicle 2 Q Pedestrian

Crash Diagram:

ie: → 1 → 2 → Q



If Crash Did Not Occur on a Public Way:

- ☐ Off-Street Parking Lot  
☐ Garage  
☐ Mall/Shopping Center  
☐ Other Private Way

Indicate North by Arrow



Crash Narrative:

The operator of V1 stated he was stopped at the top of the driveway for 160 Washington St., waiting for traffic to clear and then pull onto Boylston St. westbound. The operator of V1 stated he was looking to the left at the traffic on Boylston St. and did not observe the Detail Police Officer standing on Boylston St. to the right of V1. V1 then began to turn right onto Boylston St. and struck the Policed Officer. The Police Officer stated he observed V1 waiting to pull onto Boylston St. and stepped into the right lane to assist V1 exiting the parking lot. The Police Officer stated he was located to the right side of V1 while directing traffic when V1 began to turn onto Boylston St. and struck him. The witness, (Campbell), stated she observed the Police Officer directing traffic in the right lane of Boylston St. and V1 began to exit the parking lot. V1 turned to sharp to the right and struck the Police Officer. The witness, (DiCarcia), stated she was traveling westbound on Boylston St. and observed the Detail Police Officer in the right lane directing traffic. The witness stated she slowed to stop for the Police Officer and observed V1 pull out of the driveway onto Boylston St. and strike the Policed Officer.

Witnesses:

Name (Last, First, Middle)	Address	Phone #	Statement
CAMPBELL, KELLY			YES
DICARCIA, ANN			YES

Property Damage:

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

Truck and Bus Information:

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code 35  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate 36  
 Cargo Body Type Code 37 Gross Vehicle Weight 38  
 Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length 39

Hazmat Information:

Placard 40 Material 1 digit # 41 Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code 42

KEAVENEY, BRIAN EDWARD

88739

BROOKLINE POLICE DEPARTMENT 09/12/2018

Police Officer Name (Please Print)

Signature

ID/Badge #

Department

Precinct/Barracks

Date



# BROOKLINE POLICE DEPARTMENT

## INCIDENT REPORT

Case No. 2018-0004010A

Supp No. 000

r7. Incident <b>LARCENY BY FALSE PRETENCE</b>	r8. Cnts <b>1</b>	r9. Specialized Type <b>NOT APPLICABLE</b>	r10. Reported Date <b>09/14/2018</b>	r11. Time <b>15:41</b>	r12. Day <b>FRI</b>
			r13. Occrd From Date <b>09/14/2018</b>	r14. Time <b>16:01</b>	r15. Day <b>FRI</b>
			r16. Occrd To Date <b>09/14/2018</b>	r17. Time <b>16:01</b>	r18. Day <b>FRI</b>
r20. Location of Occurrence <b>NEW ENGLAND TREATMENT ACCESS &lt;160 WASHINGTON ST&gt;</b>			r24. City <b>BROOKLINE</b>		r25. Type of Premise
r21. Reporting Person		r22. Phone	r27. How Received		r28. Status <b>ACTIVE CASE</b>
r23. Reporting Person Address			r29. Weather		r30. Weapon / Tools

### DEFENDANTS

n1. Name Type <b>SUSPECT</b>			n2. Last Name / Business / State of... <b>BENJAMIN</b>			n3. First Name <b>ALGIA</b>			n4. Middle Name			
n5. Race	n6. Sex	n7. Age <b>31 -31</b>	n8. Date of Birth		n9. Place of Birth - City, State			n10. Soc Sec No.		n11. Operator's License No.		n12. State
n13. Height	n14. Weight	n15. Build	n16. Complexion		n17. Eyes		n18. Hair		n19. Facial Hair		n20. Marital Status	
n27. Residence Address 1											n28. Phone	

### INVOLVED PERSONS

n1. Name Type <b>REPORTING PERSON</b>			n2. Last Name / Business / State of... <b>FRENCH</b>			n3. First Name <b>LYNNETTE</b>			n4. Middle Name			
n5. Race	n6. Sex	n7. Age	n8. Date of Birth		n9. Place of Birth - City, State			n10. Soc Sec No.		n11. Operator's License No.		n12. State
n13. Height	n14. Weight	n15. Build	n16. Complexion		n17. Eyes		n18. Hair		n19. Facial Hair		n20. Marital Status	
n27. Residence Address 1 <b>160 WASHINGTON ST BROOKLINE MA 02445</b>											n28. Phone	
n31. Employer and Address <b>NEW ENGLAND TREATMENT ACCESS</b>							n32. Occupation			n33. Phone		

### NARRATIVE

On September 14, 2018 while assigned to the marked 544 unit I was dispatched to 160 Washington St New England Treatment Access (NETA) for a larceny report.

Upon my arrival Lieutenant Raskin was on scene speaking to Ms. Lynnette French, the Director of Dispensary Operations. Ms. French stated that Mr. Algia Benjamin has been a employee at NETA for six months. Ms. French stated that Mr. Benjamin's mother is a patron of NETA. Mr. Benjamin's mother places orders for medical marijuana using the NETA online application. Mr. Benjamin picks up the order, but has been applying his employee discount to his mother's medical marijuana purchases. Ms. French stated that the employee discount is for employees only - for their personal medical marijuana purchases - not friends or family. Ms. French advised all NETA employees have been made aware of this policy.

Ms. French advised Mr. Benjamin has applied the employee discount to his mother's account approximately 15 times. Ms. French stated that she estimates that Mr. Benjamin has applied \$800.00 dollars in discounts towards his mother's NETA account.

Ms. French doesn't want to pursue any form of criminal complaint against Mr. Benjamin. However, Ms. French stated she wanted to document the issue with police. Ms. French will be filing an informational report with the Department of Public Health and with the Town

r1. Submitted By Officer, I.D. <b>JENNINGS, JOHN FRANCIS</b>		r2. Approving Officer's Name, I.D. <b>MCCARTHY, MICHAEL JOHN</b>		Page <b>1</b>
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c1. Case No. <b>2018-0004010A</b>	c2. Supp No. <b>000</b>		c10. Reported Date <b>09/14/2018</b>	c11. Time <b>15:41</b>
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**NARRATIVE**

of Brookline. NETA plans on terminating Mr. Benjamin when he arrives for his next scheduled work shift on Monday, September 17, 2018

r1. Submitted By Officer, I.D. <b>JENNINGS, JOHN FRANCIS</b>	<b>10296</b>	r2. Approving Officer's Name, I.D. <b>MCCARTHY, MICHAEL JOHN</b>	<b>42750</b>	Page	<b>2 END</b>
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